

**CITY OF HAMILTON, OHIO  
Direct Deposit Authorization Agreement**

I hereby authorize the City of Hamilton Department of Finance to initiate credit entries to my financial institution account indicated below for recurring payroll transactions. I understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account. This authority is to remain in full force and effect until the City has received written notification from me of its termination in such time and in such manner as to allow the City and Financial Institution reasonable opportunity to act on it.

*(PLEASE TYPE OR PRINT)*

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check One:       Checking Account       Savings Account

**INCORRECT INFORMATION WILL CAUSE UP TO 2 WEEK DELAY IN  
PAYROLL DEPOSIT.**

**ATTACH VOIDED CHECK  
OR  
OTHER PRINTED  
BANK DOCUMENTATION**

**A DEPOSIT SLIP IS NOT ACCEPTABLE FOR THIS INFORMATION**

***Employee must notify City of Hamilton, Department of Finance, in writing of any  
change in employee financial institution or change in employee financial  
institution account.***